



# THE DELAWARE JUDICIARY

STATE OF DELAWARE

## GOVERNOR'S MAGISTRATE SCREENING COMMITTEE

Cannon Building, Suite 203  
861 Silver Lake Boulevard • Dover, DE 19904-2467  
302-744-4500  
[www.dpr.delaware.gov](http://www.dpr.delaware.gov)

### **Employment Application for Justice of the Peace**

#### EQUAL OPPORTUNITY/REASONABLE ACCOMMODATION EMPLOYER

The Delaware Judiciary is an Equal Opportunity Employer and complies with all applicable Federal and State Laws prohibiting discrimination in employment on the basis of race, color, religion, national origin, sex, age, marital status, disability, other protected classes, or any other factor not related to the qualifications of the job.

Name: \_\_\_\_\_

Position Applied For: Justice of the Peace



**Governor's Magistrate Screening Committee**  
**Application for Employment For Justice of the Peace**

FOR OFFICIAL USE ONLY

**PERSONAL DATA:**

PLEASE TYPE OR PRINT CLEARLY

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First MI  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
If Required: Drivers License #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_ Expiration Date: \_\_\_\_\_  
Employment Locations Applied For: ☐ New Castle ☐ Kent ☐ Sussex

**EDUCATION/TRAINING** ☐ HIGH SCHOOL GRADUATE/GED ☐ VOCATIONAL/BUSINESS SCHOOL

Schools Attended	Name and Location of School	Graduated	Degree	Major
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business or Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**COMPUTER SKILLS**

Types of Software with which you are proficient	Types of Computer Hardware with which you are proficient	Computer Certifications

**SPECIAL QUALIFICATIONS**

List active professional, computer technology, vocational, or other skill-related licenses or certifications you may have, relevant academic or professional awards or other special training, certification, or awards you have received.

License, Certification, Awards, etc.	Field, Specialization, Nature of Award, etc.	School Attended or Organization from which award, certificate was received	Expiration Date (if relevant)

**SPECIAL SKILLS**

List any equipment with which you are proficient and any other skills related to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

Take time to fill in this section carefully and completely. Answers given in this section may be verified with former employers. Start with your present or most recent position and work backwards. If more space is necessary for listing your experience, use the **Work History Supplemental Form** or a separate sheet of paper. **Resumes must be attached, but YOU MAY NOT USE A RESUME AS A SUBSTITUTE FOR COMPLETING THIS SECTION.**

### 1. Current or Most Recent Employer

Employer	Address	City	State	Zip
Job Title	Supervisor's Name	Telephone No. (   )   -	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$                      per	Reason for Leaving	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)	List Major duties in order of their importance in the job:			
Full Time      Years      Months				
Part Time      Years      Months				
If part time, no. hours per week:				

### 2. Previous Employer

Employer	Address	City	State	Zip
Job Title	Supervisor's Name	Telephone No. (   )   -	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$                      per	Reason for Leaving	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)	List Major duties in order of their importance in the job:			
Full Time      Years      Months				
Part Time      Years      Months				
If part time, no. hours per week:				

### 3. Previous Employer

Employer	Address	City	State	Zip
Job Title	Supervisor's Name	Telephone No. (   )   -	No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$                      per	Reason for Leaving	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)	List Major duties in order of their importance in the job:			
Full Time      Years      Months				
Part Time      Years      Months				
If part time, no. hours per week:				

Have you ever left a job for reasons other than voluntary resignation? Yes \_\_\_\_ No \_\_\_\_ If yes, please briefly describe the circumstances:

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**QUALIFICATIONS**

In the space provided below, summarize your education, training and experience relative to the skills, qualifications and requirements as described on the job announcement. Read the job announcement carefully before you apply. It is your responsibility to complete all parts of the application and show how you meet the qualifications. **Resumes must be attached.**

**REFERENCES: (3 professional and 2 character)**

	Name	Address	Phone No.
1)			( ) -
2)			( ) -
3)			( ) -
4)			( ) -
5)			( ) -

Have you ever been convicted of a Felony or Class A Misdemeanor? ☐ Yes ☐ No If Yes, identify the type of offense, date and location: \_\_\_\_\_

**A REVIEW OF APPLICANTS CRIMINAL HISTORY RECORD MAY OCCUR**

**CERTIFICATION**

**BEFORE SIGNING, READ THE FOLLOWING STATEMENT CAREFULLY: THIS APPLICATION IS TRUE AND COMPLETE. ANY FALSE INFORMATION MAY BE CAUSE FOR REJECTION OF APPLICATION. IF CURRENTLY EMPLOYED BY THE STATE, I MAY BE TERMINATED. I AUTHORIZE THE RELEASE OF ANY INFORMATION FROM PREVIOUS EMPLOYERS OR CHARACTER REFERENCES.**

**I UNDERSTAND THAT IF I AM HIRED BY THE STATE OF DELAWARE, THE STATE SHALL REQUIRE VERIFICATION OF MY IDENTITY AND ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES.**

**I CERTIFY THAT IF I AM A MALE, BORN AFTER JANUARY 1, 1960, IF REQUIRED TO REGISTER, I HAVE REGISTERED FOR SELECTIVE SERVICE. I UNDERSTAND THAT I MAY BE REQUIRED TO DOCUMENT REGISTRATIONS.**

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**NOTE: ACCOMODATIONS ARE AVAILABLE FOR APPLICANTS WITH DISABILITIES IN ALL PHASES OF THE APPLICATION AND EMPLOYMENT PROCESS. CALL (302) 255-2515 TO REQUEST AN AUXILARY AID OR SERVICE. TDD USERS SHOULD CALL THE DELAWARE RELAY SERVICE NUMBER 1-800-323-5460 FOR ASSISTANCE.**

## RESEARCH DATA SUPPLEMENT

It is the Governor's Magistrate Screening Committee's policy to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job, without regard to age, sex race, color, religion, creed, national origin, disability, veteran or marital status, and to maintain a non-discriminatory environment from intimidation, harassment or bias upon these grounds.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete the Research Data Supplement. **THIS INFORMATION IS REQUESTED STRICTLY ON A VOLUNTARY BASIS.**

This data will be kept in a **Confidential File** separate from the Application for Employment.

NAME: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

YOUR SEX:

☐ FEMALE ☐ MALE ☐ NO RESPONSE

AGE 40+:

☐ YES ☐ NO ☐ NO RESPONSE

HOW DID YOU LEARN ABOUT THIS POSITION? \_\_\_\_\_

### RACE/NATIONAL ORIGIN:

- A ☐ **WHITE** (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B ☐ **BLACK** (not of Hispanic Origin): Persons having origins in any of the Black racial groups of Africa.
- C ☐ **HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin.
- D ☐ **ASIAN OR PACIFIC ISLANDER:** Person having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or The Pacific Islands. This area includes for Example, China, Japan, Korea, The Philippine Islands, and Samoa.
- E ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or Community recognition.
- F ☐ **No Response**

I AM:

- ☐ **An Individual with a Disability:** a person who: (A) has a physical or mental impairment which substantially limits one or more major life activities; (B) has a record of such an impairment, or (C) is regarded as having such an impairment.
- ☐ **A Veteran:** If you are claiming preference as a Veteran of as the Un-remarried Widow or Widower of a deceased veteran, attach a copy of your DD214 Form. If you are also claiming preference as a disabled veteran or un-remarried widow or widower of a deceased disabled veteran, include your VA Disability Letter and Claim Number.

I have read and understand the instructions on this supplement.

Signature: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Date: \_\_\_\_\_